

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$708.00 for date of service, 03/05/02.
- b. The request was received on 05/15/02

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/18/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/18/02. The response from the insurance carrier was received in the Division on 07/02/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of additional information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 06/12/02

“According to the above chart the \$2832.00 reimbursed for these codes in the first payment, and no additional payment was made after the request for reconsideration. On page 64 of the TWCC fee guidelines, the multiple procedure reimbursement rule states,

‘100% for the primary procedure (major procedure reflecting the greatest value).’ MAR value for Code 63075 at \$2832.00 plus 25% for the –20 modifier equals \$3540.00. The description of the –20 modifier code is for microsurgery, and Dr. \_\_\_\_ clearly states that the [sic] Zeiss Operating Microscope was used....

2. Respondent: Letter dated 07/02/02

“A review of the claim file and the dispute packet reveals that the charge, in this instance, for magnification does not appear to be global; therefore, the carrier agrees to remit payment in the amount of \$708.00 for the services in dispute. Reimbursement will occur under separate cover....” A copy of this response statement appears to have been sent to the Requestor via certified mail on 07/02/02.

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/05/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$3540.00 for services rendered on the date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$2832.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “G ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE.”
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$708.00 for services rendered on the date of service in dispute above.
6. In their response statement, dated 07/02/02, the Respondent asserts, “the carrier agrees to remit payment in the amount of \$708.00 for these services in dispute. Reimbursement will occur under separate cover....”

#### **IV. ORDER**

In accordance with the Respondent’s 07/02/02 statement indicating “the carrier agrees to remit payment in the amount of \$708.00...” and Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$708.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-3686-01

This Order is hereby issued this 28th day of October 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt